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13281 U.S. PTO

PTO/SB/50 (05-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: **Mail Stop Reissue**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. **21581-00240-US1**
First Named Inventor **Akira NISHIYAMA**
Original Patent Number **6,340,767 B1**
Original Patent Issue Date (Month/Day/Year) **01/22/02**
Express Mail Label No.

2389 U.S. PTO
10/705666

111203

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 CFR § 1.175)(PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 CFR 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

Consent of Assignee
Statement under 37 C.F.R. 3.73b
Reissue Application Declaration and POA
Reissue Application Fee Transmittal
Order for Title Report
Status of Claims

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

30678

or



Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Buston A. Amernick

Registration No. (Attorney/Agent)


24,852

Signature

Buston A. Amernick

Date

11-12-03

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 21581-00240-US1		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 17	**** 0	= x \$	=	x \$ 18	= 0.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0	= x \$	=	x \$ 84	= 0.00	
Basic Fee (37 CFR 1.16(h))					\$	OR \$ 750.00		
Total Filing Fee					\$			
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 17	MINUS	** 20	* = 0	x \$	=	x \$ 18	= 0.00
Independent claims 37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$	=	x \$ 84	= 0.00
Total Additional Fee					\$	OR \$ 0.00		
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0185</u> in the amount of \$ <u>750.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>22-0185</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<u>11-12-03</u> Date				 Signature of Applicant, Attorney, or Agent of Record				
<u>24,852</u> Registration Number, if applicable				<u>Burton A. Amernick</u> Typed or printed name				